



Dear Prospective Volunteer,

Thank you for your interest in volunteering for LACASA. We welcome volunteers from diverse backgrounds and hope you will consider joining us and supporting our Mission.

There are many ways volunteers can make a difference at LACASA. You can choose to volunteer in a capacity that best suits your area of interest and your comfort level. Some volunteers prefer to work at one of our awareness events, fundraising events, our reception desk, or at our resale store, LACASA Collection. Others prefer to work directly with our clients and/or residents. I am happy to talk with you further about all of these opportunities.

To start your volunteer journey with LACASA, please fill out the accompanying volunteer application, Criminal History Background Check form, and the Central Registry Clearance Request form. Please note, the Central Registry Clearance Request form requires a copy/photo of the front side of your driver's license (a passport or a State ID will work as well).

Please return your completed forms to Julianna Shatrau at:

**Email:** [volunteering@lacasacenter.org](mailto:volunteering@lacasacenter.org)

**Mail/Drop Off:** LACASA 1920 Tooley Rd., Howell, MI 48855 Attention: Julianna Shatrau

Once I have received your completed forms, I will run your criminal history background check. Generally, this takes a few days to complete. At the successful completion of this step, I will be in touch with you via email to invite you to an upcoming Volunteer Orientation that is mandatory for all volunteers to attend.

If you have any questions, please feel free to email me. I look forward to working with you and supporting you through this journey.

LACASA could not fulfill its' Mission without the help of our many talented volunteers!

Sincerely,  
Julianna Shatrau  
Volunteer Coordinator  
Pronouns She/Her/Hers



Please fill out the forms below and return to LACASA.  
Application can be submitted by scan and email, postal service, or dropped off at our Center.

**GENERAL**

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you lived in this community? \_\_\_\_\_

Do you speak any other languages?  Yes  No If yes which language(s): \_\_\_\_\_

**EMERGENCY CONTACT-Individual to be notified in case of emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATION**

Name of School Date(s) Attended Major Field of Study Degree Attained

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY – PLEASE INCLUDE CURRENT EMPLOYER and if *RETIRED***

Employer	Job Title	Dates of Employment

**VOLUNTEER EXPERIENCE**

Organization	Volunteer Duties/Responsibilities	Dates of Volunteering

**QUESTIONNAIRE**

1. How did you hear about LACASA?
  
  
  
  
  
  
  
  
  
  
2. Why do you want to volunteer for LACASA?
  
  
  
  
  
  
  
  
  
  
3. What skills can you bring to LACASA?
  
  
  
  
  
  
  
  
  
  
4. What position/s most interest you at this time? [Volunteer Opportunities \(click here\)](#)



**CRIMINAL HISTORY BACKGROUND CHECK**

Name:

*Last*

*First*

*Middle*

Home Address:

*Street*

*City*

*Zip Code*

Maiden Name/Names Previously Used/AKA:

Birth Date:

Race: Other

Gender:

Have you *ever* been convicted of a crime?  Yes  No If yes please specify:

Former Addresses; all alternative addresses where lived (school and work) within the past **five years**  
(if required attach a separate document to account for all addresses):

Address: City: State: ZIP code: Country:

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The following clearances are examined:

- Michigan State Police Clearance - ICHAT (Internet Criminal History Access Tool)
- Central Registry Clearance - MDHHS (Michigan Department of Health and Human Services)
- Michigan Sex Offender Registry
- National Sex Offender Registry

I authorize LACASA to use the above information for the sole purpose of obtaining a criminal history background check.

Intern/Volunteer Signature

Date

# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 11-22a)

**COPY PHOTO ID HERE**  
**OR**  
**ATTACH A SEPARATE PAGE**

## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
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Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
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Address	City	State	Zip Code
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Phone Number	Email
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I am completing this for myself.

I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

## SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer

Volunteer Agency

Adoption/Foster Care Home Screening

Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Child Caring Institution

Other

Name of Agency or Organization <b>LACASA</b>	Name of Requester <b>Julianna Shatrau</b>
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Address <b>1920 Tooley Road</b>	City <b>Howell</b>	State <b>MI</b>	Zip Code <b>48855</b>
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Email <b>jshatrau@lacasacenter.org</b>	Fax	Phone Number <b>517-302-2518</b>
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Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central

registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.



ACKNOWLEDGEMENT OF CONFIDENTIALITY

LACASA is a child abuse, domestic violence, sexual assault agency. Any information about a client including identity, status and services received is confidential unless it falls under mandated reported requirements.

In order to keep LACASA a safe place, please respect the privacy of others at the agency and refrain from disclosing knowledge of a client's identity and/or circumstances.

Per LACASA's Monitoring and Surveillance Policy, there are security cameras placed throughout the outside and inside of the agency. These cameras are there to prioritize safety while respecting the privacy and dignity of all.

I hereby acknowledge that I am personally responsible for the safeguarding of information observed and received through my contact at LACASA. I further understand that my services as a volunteer will be terminated for any violation of this agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name if Applicable

\_\_\_\_\_  
LACASA Representative Signature

\_\_\_\_\_  
Date

Revised January 2024

F:\Staff Information\Confidentiality



1920 Tooley Road • Howell, MI 48855

Business Office (517) 548-1350 • Fax (517) 548-3034 • [www.lacasacenter.org](http://www.lacasacenter.org)

24-Hour Toll-Free Help Line (866) 522-2725